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SECRETARY OF STATE

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75Filing Fee& Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Angelo 7			
-		Address		
-	City, S	ney FL 3 State & Zip 8 (5 - 3766	4668	
-	Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) Proform 4 Life Inc The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9438 US 19 N #129 Port Richey, FC 34668 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Petail sales ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) Angelo Tirico - Pres The name(s), address(es) and title(s): 9438 US 19N #129 Port Richey, IL 34668 REGISTERED AGENT Angelo Tirico The name and Florida street address of the registered agent is: 9438 US 19N #129 Port Richev, Fl 34668 ARTICLE VII INCORPORATOR Angelo Tirico 9438 US 19N #129 The <u>name and address</u> of the Incorporator is: Dort Richer, FL 34668 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator